

## TEST SCHEDULING

Workshop and test dates will be scheduled as needed. Usually, the workshop and written test will be offered at least once each calendar quarter.

We will advise you by mail at least thirty days before your scheduled test date.

### Please note:

- The pre-test Workshop is offered for three hours to review the test procedures.
- The written test is offered immediately after the pre-test workshop.
- Candidates will be scheduled for a two and one half hour appointment for the performance test on the following day.
- Candidates from Neighbor Islands have the option of completing the test (workshop, written and performance tests) in one day.

### Retesting Waiting Periods

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Candidate achieves L-II or higher, and seeks a retest attempting a L-III or higher level.	Six months (Three months if requested by a qualified mentor)
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## FOR MORE INFORMATION

For more details and/or to schedule your test, contact the HQAS test administrator at:

TTY: (808) 586-8130, FAX: (808) 586-8129 or

Email: [kristine.pagano@doh.hawaii.gov](mailto:kristine.pagano@doh.hawaii.gov)

**HAWAI'I**

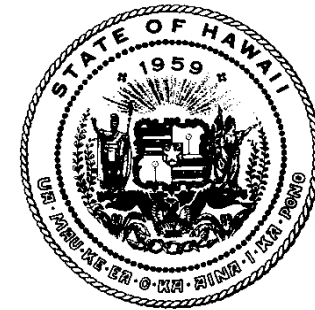


**QUALITY**

**ASSURANCE**

**SYSTEM II**

# *CANDIDATE'S APPLICATION*



**DISABILITY AND COMMUNICATION ACCESS BOARD**  
919 ALA MOANA BLVD. ROOM 101  
HONOLULU, HI 96814

(808) 586-8130, TTY  
(808) 586-8121, TEL  
(808) 586-8129, FAX

<http://www.hawaii.gov/health/dcab>  
[kristine.pagano@doh.hawaii.gov](mailto:kristine.pagano@doh.hawaii.gov)

## PURPOSE OF THE TEST

The Hawai'i Quality Assurance System test is intended for American Sign Language - English interpreters and transliterators who plan to be professionally employed as an interpreter or in a closely related field within the State of Hawai'i.

The HQAS is not intended and should not be used as a progress assessment tool for sign language students nor for interpreters who intend to work primarily on the mainland.

The HQAS test administrator may request additional documentation of a candidate's participation in an interpreter training program or other evidence that the candidate is adequately prepared for professional interpreting.

## PRIORITY SCHEDULING

Candidates are usually scheduled on a "first-come, first-served" basis. Interpreters working in the public schools or holding expired certification from Island Skill Gathering and candidates traveling from Neighbor Islands, are offered priority scheduling whenever possible.

## TESTING FEES

The testing fee for all candidates is \$200 per test. This fee includes participation in the pre-test workshop, administration of the written test, and the performance test.

Full payment of the fee must be submitted by cashier's check or money order payable to: Disability and Communication Access Board. Payment must be received with the candidate's application. Candidates who do not submit full payment with their application will not be scheduled for testing.

Start up funding and additional support has been generously provided by the University of Hawai'i, the Vocational Rehabilitation and Services to the Blind Division and by the State Department of Education.

## APPLICATION FOR WRITTEN AND PERFORMANCE TEST

Name	<div>Last</div>	<div>First</div>	<div>Middle</div>
Postal Address:	<div>Street or Mailing Address</div>		<div>Island</div>
	<div>City</div>	<div>State</div>	<div>Zip</div>
Phone Numbers:	<div>Residence (indicate if TTY)</div>	<div>Office or Work</div>	<div>Message or Cell-Phone</div>
Email Address:	<div></div>		<div>Soc. Sec. No.:</div>

<div></div>	Do you hold current certification from any organization or agency?		
<div>Yes</div>	<div>No</div>		
	If "yes", please list:		
	<div>Organization or Agency</div>	<div>Certification Level</div>	<div>Expiration Date</div>

<div></div>	Have you previously taken <i>any</i> interpreter screening test, including the HQAS, that is based on the Kansas Quality Assurance Screening?			
<div>Yes</div>	<div>No</div>			
	If "yes", please list:			
	<div>Agency and Location</div>	<div>Date Tested</div>	<div>Tape Set Used</div>	<div>Results / Credential</div>

<div></div>	Has your interpreter certification or credential ever been revoked, canceled, rescinded, or otherwise suspended by any agency or organization?			
<div>Yes</div>	<div>No</div>			
Priority Schedule Request:	<div></div>	I am currently interpreting in a Hawai'i public school.		
	<div></div>	I hold an expired I.S.G. local credential.		
	<div></div>	I am traveling from a Neighbor Island.		

I hereby agree to keep confidential all aspects of the Hawai'i Quality Assurance System (HQAS) for sign language interpreters. This includes of any written test, video tapes, or other materials used in the process. I agree to hold harmless and indemnify the State of Hawai'i Disability and Communication Access Board (DCAB) for any and all action or lack of action related in any way to the HQAS.			
	Please Sign		
<div>\$</div>	<div>Here:</div>	<div></div>	<div></div>
<div>Amount Paid</div>		<div>Signature</div>	<div>Date Signed</div>